



**TREASURER'S OFFICE**

**R. Eileen King, CFM, CFE**  
County Treasurer

110 Courthouse Plaza  
Manhattan, Kansas 66502-0108  
Phone: 785-537-6320  
Fax: 785-537-6326  
E-mail: [eking@rileycountyks.gov](mailto:eking@rileycountyks.gov)  
Website: [www.rileycountyks.gov](http://www.rileycountyks.gov)

**IN STATE REFUND & DOWN CODE**

**INSTRUCTIONS:** The following items are required for a refund.

- (1) The Kansas license plate
- (2) Your current Kansas owner's registration or \$.50 cash or money order for a duplicate.

Highlighted items are required to be filled out:

**Social Security or Federal ID Number:** \_\_\_\_\_

Last Name	First Name	Middle Initial	Phone #
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Street Address for mailing purposes	E-Mail Address
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City	State	Zip
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**Tag #** \_\_\_\_\_

**Sold to** \_\_\_\_\_

Down Code Refund \$ \_\_\_\_\_ Tax Unit \_\_\_\_\_

**OWNER CERTIFICATION:** I, the owner of the above described vehicle hereby make application for refund. I hereby swear and affirm that the above information is true and correct. If vehicle was not replaced, I hereby relinquish the registration plate assigned and forfeit the right to register another vehicle under this plate number.

Owner's Signature	Date
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Please return this form with license plate and current owner's registration to:

R. Eileen King  
Riley County Treasurer  
110 Courthouse Plaza  
Manhattan, KS 66502

PURSUANT TO K.S.A 79-5107(d), REFUND WILL BE CALCULATED FOR THE NUMBER OF FULL MONTHS REMAINING AFTER APPLICATION FOR REFUND IS RECEIVED BY THIS OFFICE.

**NO REFUNDS MADE FOR LESS THAN \$5.00**